





What is Passport to Health?

Passport to Health is the Montana Medicaid/HMK *Plus* primary care case management program

🌀 Mission Statement: Our mission is to manage the delivery of health care to people with Medicaid/HMK *Plus* in order to improve quality and access, while optimizing the use of health care resources.

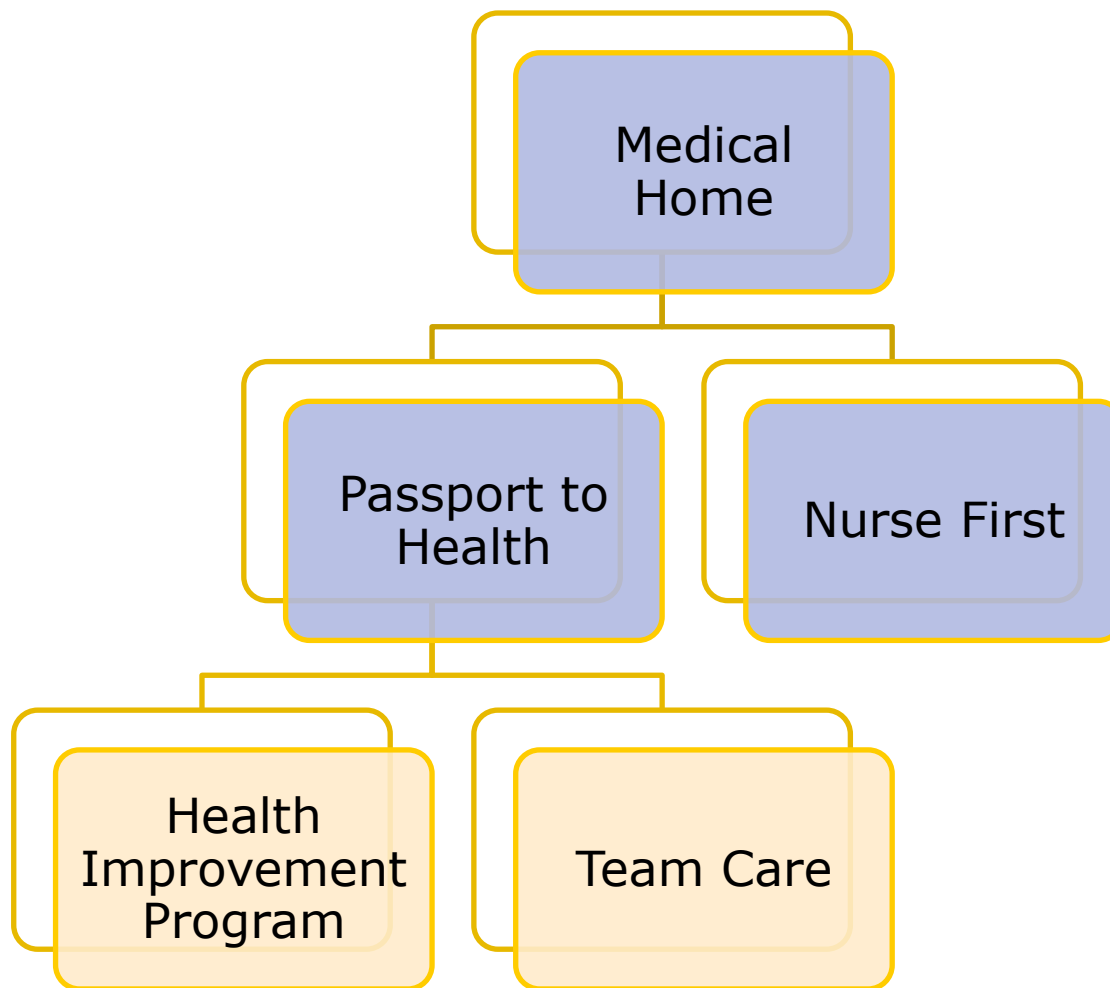


Program Goals

- ✓ **Assure access** to primary care
- ✓ Establish a '**medical home**' for the member
- ✓ Improve **continuity of care**
- ✓ Encourage **preventive** health care
- ✓ Promote Early and Periodic screening Diagnosis and Treatment (**EPSDT**)
- ✓ **Reduce inappropriate use** of medical services and medications
- ✓ **Decrease** non-emergent care in the ER
- ✓ **Reduce and control health care costs**



How do we manage patient care?





Tools to Establish a Medical Home

- ✓ Members choose one provider
- ✓ \$3 per member per month case management fee
- ✓ Monthly member lists
- ✓ Provider helpline: (800) 624-3958
- ✓ Passport Provider Handbook
- ✓ Provider website www.mtmedicaid.org
- ✓ Faxed triage report from Nurse First



Establishing a Medical Home

- ✓ The Passport to Health program assists providers in establishing a medical home for their members.
- ✓ A medical home is established when one provider serves as the central coordinator of care for the member's health care.
- ✓ An effective medical home is:
 - Accessible
 - Continuous
 - Comprehensive
 - Coordinated



Passport Provider Responsibilities

- ✓ Provide primary health care, preventive care, health maintenance and treatment of illness and injury
- ✓ Refer to specialists as medically necessary
- ✓ Educate and assist members with finding services that don't require Passport referrals (mental health, family planning)
- ✓ Educate about appropriate use of the ER
- ✓ Document all referrals given or received
- ✓ Coordinate with Health Improvement Program Care Managers
- ✓ Instruct members how to get the care they need 24/7
- ✓ Educate about the Nurse First Advice Line



Making a Referral

- ✓ Refer when the Passport provider cannot give care.
- ✓ Referrals are not required for all specialty care:
 - *mental health, dental, family planning and more*
- ✓ Passport referrals are not prior authorization, and both may be required.
- ✓ Document the referral whether given or received.



Establishing Care and Referrals

- ✓ Establishing care with a Passport provider is the basis of the medical home: *we want members to see you before ending up at ER or UC. Please outreach your members and encourage them to establish a relationship with you for services.*
- ✓ In most cases, care should start with and be coordinated by the Passport provider
- ✓ Passport providers do not have to provide referrals:
 - when their member is seeking primary care elsewhere
 - seeking specialty care without first seeing their PCP
- ✓ However, it is not the intent of the Passport Program to limit access to appropriate care.



Establishing Care and Referrals

- ✓ Some examples –In which referrals are needed in order to ensure access to needed care even if care hasn't been established:
 - Member has moved far away and chose a new provider
 - Member is sick or hurt and far from home
 - Member is sick or hurt and can't be seen by PP provider
 - Foster care: child moved to another city and is in need of medical/psychiatric evaluation
 - Follow-up care with doctor seen initially through emergency admittance and surgery
 - Inpatient psychiatric



Receiving a Referral

- ✓ When a Medicaid member arrives at your clinic:
 - verify eligibility prior to treatment
 - verify Passport Provider
 - call Passport Provider to get the referral
- ✓ You can deny care if non-emergent
- ✓ If you cannot get a referral, consider a private pay agreement
- ✓ You can seek a referral after you provide care
- ✓ You can ask the member if they want you as their PCP
- ✓ Document the referral



Providers & Referrals

- ✓ You must get or provide a Passport provider referral for a specific member, service(s), and date(s).
- ✓ If you do not get the referral, you may not get paid.
- ✓ Using the Passport referral number without authorization may constitute fraud.
- ✓ Referrals can be given one time, for a specific time period, or for the duration of a condition.



Private Pay Agreement

The agreement to pay privately must be based upon definite and specific information given by the provider to the member indicating that the service will not be paid by Medicaid prior to any services being rendered. The provider may not bill the recipient under this exception when the provider has informed the recipient that Medicaid may not pay or where the agreement is contained in a form that the provider routinely requires recipients to sign.

(ARM 37.85.406(11)(b)(i))



Billing Medicaid Members

- ✓ To bill a member there must be a private pay agreement **in advance** of providing services
 - Non-covered services
 - Covered but medically unnecessary services
 - Unable to get Passport referral
- ✓ Members cannot be billed for more than Medicaid's allowable fee
- ✓ Co-pays or bills owed do not affect Passport relationship: *services or enrollment*



Disenrolling a Passport member

- ✓ The member has not established care or is seeking care from other PCPs
- ✓ The provider/patient relationship is mutually unacceptable
- ✓ The member fails to follow the treatment plan
- ✓ The member is abusive
- ✓ Member could be better treated by a different type of provider, and a referral process is not feasible
- ✓ Member consistently fails to show up for appointments



A provider may not disenroll a member when

- ✓ Disenrollment is due to discrimination
- ✓ Member's health status has declined, and provider is avoiding additional costs
- ✓ Member's utilization of medical services
- ✓ Member's diminished mental capacity
- ✓ Member's disruptive or uncooperative behavior is due to special needs
- ✓ Member is unable to pay co-pay or outstanding bill



Disenrollment Process

- ✓ If you disenroll a member, you must per the signed Passport agreement:
 - continue to provide patient treatment and/or Passport referrals for up to 30 days
 - The provider's 30-day care obligation does not start until a copy of the disenrollment letter is received by Xerox
 - send a letter to the member
 - copy of the letter must be sent to Passport to Health:

Passport to Health Program

PO BOX 254

Helena, MT 59624-0254

FAX: 406-442-2328



American Indians & Passport

- ✓ American Indian members may choose the IHS as a Passport provider, or not.
- ✓ American Indian members may visit any IHS provider without a Passport referral.
- ✓ If IHS refers your member to a specialist, Medicaid still requires your referral.



Member Self Enrollment

- ✓ Members choose their Passport provider.
- ✓ Each family member may select a Passport provider. The whole family can have the same Passport provider or everyone can have a different Passport provider based on individual needs.
- ✓ Passport to Health auto-assigns members after 45 days if they do not choose a provider themselves.
- ✓ Members may change their Passport provider once a month.



Member Auto-Assignment Process

In order:

- 1) Prior Passport enrollment
- 2) Most recent claims history
- 3) Family case history (child/adult)
- 4) American Indians assigned to IHS/tribal health if one is within 50 miles of address
- 5) Random



MONTANA MEDICAID HEALTH IMPROVEMENT PROGRAM

A team-oriented approach to disease
management and prevention

HEALTH IMPROVEMENT PROGRAM

Introduction

- What is the Health Improvement Program
- Who is eligible and how are members identified
- Who provides the services
- What services are provided
- How is primary care integrated into the program

DISEASE MANAGEMENT VS. CARE MANAGEMENT

- Disease Management deals with specific diseases with the idea that if we control the specific disease in a patient, we can control costs, complications, and have better outcomes
- Care Management deals with the specific patient with the idea that patients who incur high costs and complications do so because of multiple medical, social and environmental factors which require attention

Health Improvement Model

- Combines disease management services with a more holistic approach to health and well-being for high risk/high cost patients

And

- Prevention efforts for patients at risk of developing chronic health conditions

Intervention for High Risk/High Cost Members

- Members are identified through predictive modeling software
- Predictive modeling uses claims history and demographic information such as age and gender to calculate a risk score

Prevention for At-Risk Patients

- Patients may be identified and referred by primary care providers
- May include patients who have no claims that generate a high risk score or have not yet been diagnosed with an illness



**MEDICAID AND HMK PLUS
HEALTH IMPROVEMENT PROGRAM
PROVIDER REFERRAL FORM**



The Health Improvement Program (HIP) serves Medicaid and HMK Plus patients with chronic illnesses or those at risk of developing serious health conditions. HIP service providers are Community and Tribal Health Centers. Patients who are eligible for the Passport Program are enrolled and assigned to a health center for possible care management. *Your current Passport patients will stay with you for primary care, but are eligible for care management through one of the participating health centers.* Nurses and health coaches certified in Professional Chronic Care may:

- conduct health assessments
- work with you to develop care plans
- educate patients in self-management and prevention
- provide pre and post hospital discharge planning
- help with local resources
- remind patients about scheduling needed screening and medical visits.

Montana uses predictive modeling software to identify chronically ill patients. This software uses medical claims, pharmacy claims and demographic information to generate a risk score for each person. Although the software will provide a great deal of information for interventions, it will not identify people who have not received a diagnosis or generated claims. If you have *Passport* patients at high risk for chronic health conditions that would benefit from care management, please complete the form and fax to:

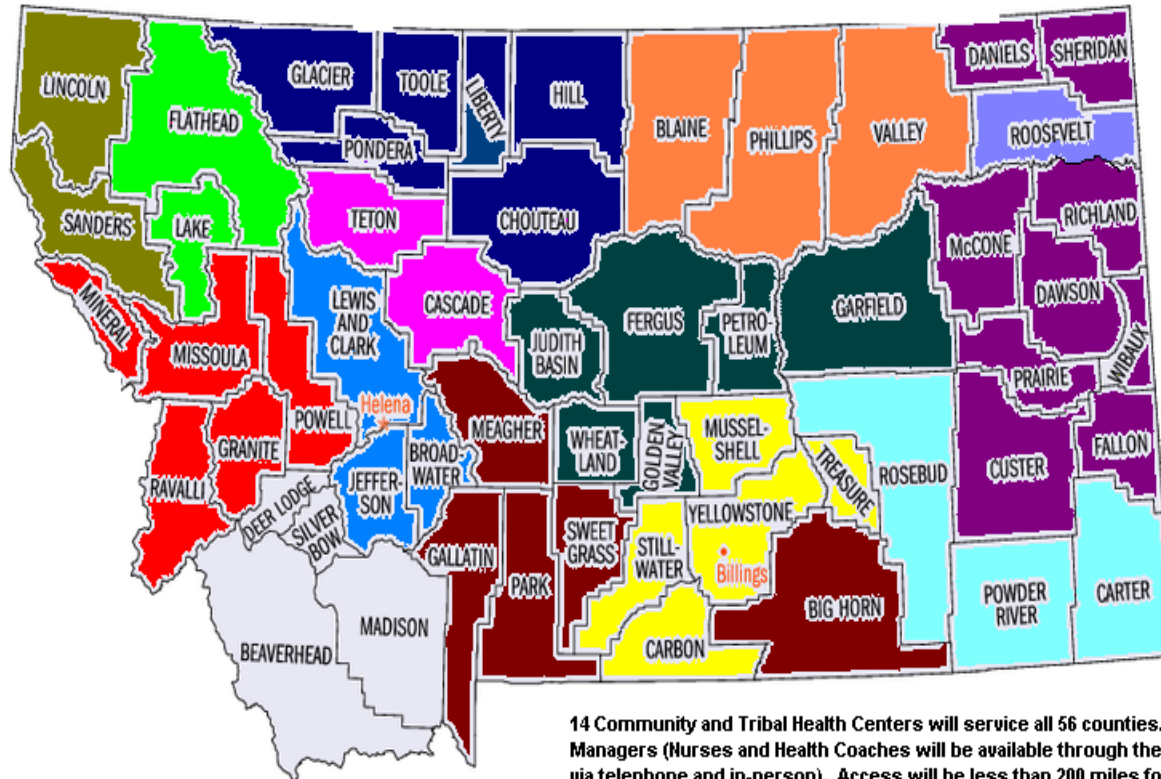
**Health Improvement Program Officer
Fax # (406) 444-1861**

Provider Name:	
Provider Address:	
Provider Telephone:	
Patient Name:	
Patient Address:	
Patient Telephone:	
Patient Medicaid/HMK Plus ID#:	
Chronic Disease(s) for which Patient is at Risk:	
Signature of Referring Provider:	
Date:	

Service Providers for Program

- Cornerstone of the program is the enhancement of community-based comprehensive primary and preventative health care
- Nurses and health coaches employed by community and tribal health centers
- There are 14 participating centers covering 56 counties

MONTANA HEALTH IMPROVEMENT PROGRAM - SERVICE NETWORK



14 Community and Tribal Health Centers will service all 56 counties. Care Managers (Nurses and Health Coaches will be available through the CHCs via telephone and in-person). Access will be less than 200 miles for every eligible client. Nurses and Health Coaches will also travel to clients as needed and as weather and road conditions permit.

- Northwest CHC Libby
- Flathead CHC Kalispell
- Partnership CHC Missoula
- Cooperative Health Center Helena
- Cascade CHC Great Falls
- Bullhook CHC Havre
- Butte CHC
- Community Health Partners – Livingston
- Sweet Medical Center Chinook
- Central Montana CHC Lewistown
- RiverStone CHC Billings
- Ashland CHC
- Custer Co. CHC Miles City
- Fort Peck Tribal Health Center Poplar

HEALTH IMPROVEMENT PROGRAM SERVICES

- Health Assessment (initial and periodic)
- Ongoing clinical assessment (in person and telephonic)
- Individualized care plan
- Hospital pre-discharge planning and post-discharge visits

Services Continued...

- Self-management education
- Group appointments
- Tracking and documenting progress
- Care Support Pages for patient education
- Assistance with and referral to local resources such as social services, housing and other life issues

SUMMARY

- Focus is on the entire patient rather than just specific diseases
- Patients are identified for intervention using predictive modeling
- Prevention is a component of the program through encouragement of primary care provider referrals
- State partners with community-based health centers to bring services closer to home for patients
- Information is collected from health centers to evaluate program



Nurse Advice Line



- ✓ Nurse First advice line: available 24/7/365
- ✓ No cost
- ✓ Callers are triaged for illness or injury; receive health, disease, and medical advice
- ✓ Passport Providers are faxed a triage report after a member calls the Nurse First advice line
- ✓ Encourage your members to call Nurse First before seeking treatment: 1-800-330-7847



NURSE FIRST MAGNET

The Nurse First logo is centered within a black outline of the state of Montana. It consists of a stylized heart shape formed by two overlapping arcs, with the words "Nurse First" in a serif font to its right. The word "Nurse" is in a dark purple color, and "First" is in a lighter purple color.

Nurse First

1-800-330-7847

**Free, confidential health advice,
24 hours a day, 7 days a week.**

For Montana Medicaid and Healthy Montana Kids

Team CARE



Helping people with Montana Medicaid get the right care at the right time at the right place.



Team Care Basics

- ❖ Restricted services program
- ❖ All Passport rules apply
- ❖ A team coordinates care



The Team

- ❖ One lock-in Passport provider
- ❖ One lock-in pharmacy
- ❖ Nurse First advice line
- ❖ MT Medicaid/HMK *Plus*





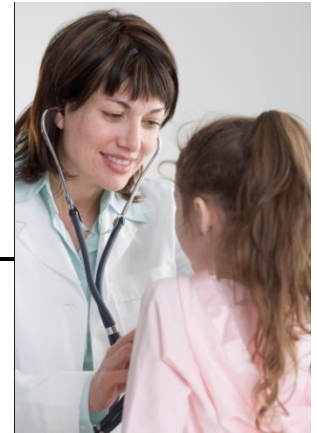
Members



- ❖ Restricted to one provider and one pharmacy
- ❖ Must show good cause to change provider or pharmacy
- ❖ Remain in Team Care for a minimum of 12 months
- ❖ Receive self care guides
- ❖ Access to Nurse First advice line 24/7/365



Providers



- ❖ Receive doubled case management fees
- ❖ Receive faxed triage reports when members call Nurse First
- ❖ Receive monthly member lists
- ❖ May use pharmacy case management clinicians to help develop treatment plans



Providers

- ❖ Provide referrals per Passport rules
- ❖ May add or remove their members from Team Care
- ❖ Encouraged to write Rxs only to a member's lock-in pharmacy
- ❖ Download a referral form or PCP/Pharmacy change request form under the Team Care section at:
www.mtmedicaid.gov



Montana Medicaid and
Healthy Montana Kids *Plus*

Team Care Referral Form

Team Care is the Montana Medicaid and HMK *Plus* lock-in program for members who have a history of using Medicaid or HMK *Plus* services at an amount or frequency that is not medically necessary. If you would like to refer a member whom you believe is appropriate for Team Care, please provide the following information.

Provider Name: _____ Provider NPI Number: _____
Provider Phone: _____ Provider Fax: _____

Member Name: _____ Medicaid ID: _____

Date of Birth: _____

Reason for referral: _____

Referring Provider Signature: _____ Date: _____

Reply to: Phone: 1-800-362-8312 Montana Health Care Programs, Member Help Line
Fax: (406)442-2328 or PO Box 254
Helena, MT 59624-0254

For more information about Team Care, contact the Montana Health Care Programs, Member Help Line at
1-800-362-8312 or log on to our website at www.mtmedicaid.org



Montana Medicaid and
Healthy Montana Kids *Plus*

Team Care Provider/Pharmacy Change Form

Team Care is the Montana Medicaid and HMK *Plus* lock-in program for members who have a history of using Medicaid or HMK *Plus* services at an amount or frequency that is not medically necessary. If you would like to request a change in provider or pharmacy for a member that you believe is appropriate, please provide the following information.

Your Name: _____	Your Phone Number: _____
Job Title: _____	Company: _____

Member Name: _____ Medicaid ID: _____

Date of Birth: _____

Change Provider to: _____

Reason for change: _____

Change Pharmacy to: _____

Reason for change: _____

Your Signature: _____ Date: _____

Reply to:	Phone: 1-800-362-8312	Montana Health Care Programs, Member Helpline
	Fax: (406)442-2328	PO Box 254
	or	Helena, MT 59624-0254

For more information about Team Care, contact the Montana Health Care Programs, Member Helpline at 1-800-362-8312 or log on to our website at www.mtmedicaid.org



Pharmacists



- ❖ Keep record of most Medicaid Rx claims in one pharmacy
- ❖ Access to Prescription Drug Registry and PDCS (Point-of Sale Drug Processing System)
- ❖ Coordinate with pharmacy case management clinicians

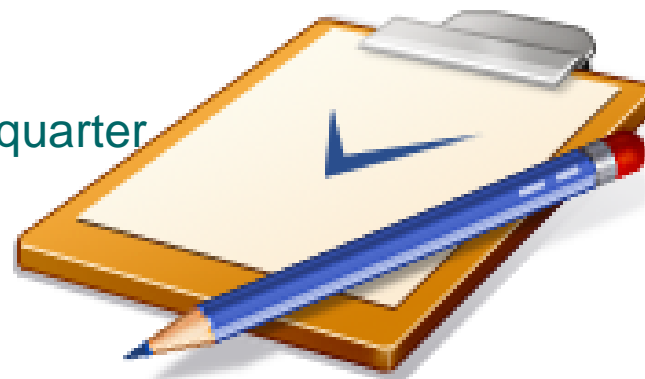


American Indians & Team Care

- ❖ May be assigned to IHS or non-IHS provider
- ❖ May visit any IHS provider without Passport referral
- ❖ May receive medications from any IHS pharmacy when locked into a different pharmacy

Referrals

- ❖ Drug utilization review
- ❖ Claims data mining
 - ✓ 20+ physician
 - ✓ 12+ ER visits in a year or 4 per quarter
- ❖ Provider referrals
- ❖ Fraud/Abuse referrals
- ❖ HIP Care Manager referrals





Care Management Contacts

Passport to Health
Amber Sark 444-0991
asark@mt.gov

Team Care/Nurse First
Connie Olson 444-5926
colson2@mt.gov

Health Improvement Program
Vacant, 444-1292
wsturn@mt.gov

Nurse First Advice Line
1-800-330-7847

Medicaid Member Help Line
1-800-362-8312

Provider Help Line
1-800-624-3958

Drug Prior Authorization Unit
1-800-395-7961

Visit our website at
www.mtmedicaid.org